FOILORETTO

Note/Report Type: Progress Note

Printed On: Sep 11, 2019 Printed At: Altoona Medical Oncology

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NOTE TYPE:

CONSULTATION

DID: MOCHSLT

PATIENT NAME:

Tusha, Simon T

ARIA ID:

A19291972

DATE OF BIRTH:

Nov 03, 1972

DATE OF VISIT:

Sep 10, 2019

CONSULTATION

trigitals and the state of the

Dear, No 'Referrals from' exist for this patient.

CHIEF COMPLAINT:

- 1- Prostate carcinoma
- 2-Malignant Melanoma

HISTORY OF PRESENT ILLNESS/INTERIM HISTORY:

46-year-old white male was diagnosed with prostate carcinoma in 2018 and underwent prostatectomy by Dr.Ryan

Cleary at medstar health, Bell Air MD in April 2018

Patient does not know the stage of the disease and we do not have any information at present. He did not receive any androgen blockade before after the surgery

He also did not receive any adjuant radiation therapy

He was diagnosed with malignant melanoma in February 2019 and had surgery at Johns Hopkins Medical Center in Baltimore Maryland details about the pathology of melanotic lesion is also not available at present. She did not receive

any adjuvant therapy. He does not know the stage of melanoma

Patient complain of fatigue & gradual weight loss over the last 6 months. He denies nausea vomiting or anorexia. No history of headache dizziness or seizure activity. No history of cough chest pain or dyspnea. No history of nausea vomiting abdominal or pelvic pain. No history of recent or recurrent infection. No history of bleeding or thrombosis

REVIEW OF SYSTEMS:

The pertinent ROS are incorporated in the HPI. Beyond those, the remaining 10 organ system ROS are either normal/negative or listed below.

Constitutional Abnormal - No fevers, chills, night sweats, excessive fatigue. Hx of 25 pounds weight loss over 6 months, Genitourinary (M) Abnormal - Increased frequency of urination, urgency, no hematuria or dysuria, history of discomfort of rt testicle. Psychiatric Abnormal - Anxity.

PAST MEDICAL HISTORY:

Mr. Tusha's medical history consists of prostate cancer (Gleason 3+4).

PAST SURGICAL HISTORY:

Mr. Tusha's surgical/procedural history consists of lleum blopsy, left arm reconstruction, melanoma x 2, Radical prostatectomy in 2018, and testicular bx in 2012.

MEDICATIONS:

This patient reports not taking external medications.

Electronically Reviewed by: Shabbir Ahmad, M.D. on 9/10/2019 16:22:06

Name: Tusha, Simon T

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ALLERGIES:

PCN

sulfa

FAMILY HISTORY:

Mr. Tusha's mother is alive: Mi. His maternal grandfather is alive: Skin Cancer, and stroke; prostate cancer/ colon cancer/ Mi. no family history of blood disorders.

SOCIAL HISTORY:

Mr. Tusha is single. Mr. Tusha has never smoked. He has no history of drinking. Mr. Tusha reports no contact with hazardous material.

Mr. Tusha reports the following support systems: incarcerated. His diet consists of regular meals.

PHYSICAL EXAMINATION:

Performed on Sep 10, 2019 11:36

Height 70 in Weight 178 lbs BSA (derived) 1.99 sq.m BMI 25.54
Thomperature (1998) [1980] Pulse 76 /min Respiration 16 /min BP 137/78
Fulse Oximetry (1998) [25] [25] [25]

0 - Fully active, able to carry on all predisease activities without restrictions. (ECOG)

Constitutional Alert, cooperative, oriented, Mood and affect appropriate. Well nourished.

Head Normocephalic

Eyes Conjunctivae and sclerae are clear and without icterus.

ENMT Normal oral mucosa

Neck No neck mass or lymphadenopathy

Hematologic/Lymphatic No petechiae or purpura. No tender or palpable lymph nodes in the cervical,

supraclavicular, axillary or inguinal area.

Respiratory Lungs are clear to auscultation without rhonchi or wheezing.

Cardiovascular Regular rate and rhythm of heart without murmurs,

Abdomen Non-tender, non-distended, no masses, ascites or hepatospienomegaly.

Genitalia/Groin/Buttock (M) Normal penis, no abnormal scrotal masses or tenderness, no testicular masses. epidydmal

Back/Spine to malpation.

Back/Spine No kyphosis, Non-tender to palpation.

Extremities

No pedal edema or calf tenderness

Musculoskeletal

No tenderness or swelling, normal range of motion without obvious weakness.

Musculoskeletal No tenderness or swelling, normal range of motion without obvious weakness integumentary No rashes, scars, or lesions suggestive of malignancy.

Neurologic Face symmetrical, power of upper and lower extremity is normal, gait is normal

Psychiatric Alert and oriented times three. Coherent speech. Verbalizes understanding of our

discussions today.

LABORATORY DATA:

Test performed on Sep 10, 2019 12:10

Glucose

BUN

Cr Clearance (Est)

87 mg/dL

10 mg/dL

Creatinine

117.1200 mL/min

Sodium

139 rnmol/L

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Potassium	4.2 mmoVL	Chioride	105 mmoVL	
CO2	25 mmoVL	E 25.5 C. 25.6 A 5.6	9.7 mg/dL	
Protein, Total	7.3 g/dL	Middini	4.1 g/dL	
A/G Ratio		m lat within Tratal	0.9 mg/dL	
Alkaline Phosphatase	78 U/L	ASD(SCOTTALL TERMS)	11年11年11日 11年11日 11日 11日 11日 11日 11日 11日	
WENG OPT THE PREFERENCE OF	The second secon	Anion Gap	13 mmol/L	
eGFR Non-African-American	102 mL/MIN	eGFR African-American	118 mL/MIN	
WBC	6.0 X10E+09/L	RBC	5.36 X10E+12/L	
		HCT	46.7 %	
HGB	15.8 g/dL	MCH	29.5 pg	
MCHC	87.0 fL	RDW	13.8 %	
	33.9 g/dL	MPV	9.5 fL	
Platelet Count	227 X10E+09/L	Lymphocyte %	27.8 %	
Neutrophil %	66.5 %	Eosinophil %	0.8 %	,
Monocyte %	4.5 %	Neutrophils (Abs)	4.0 X10E*3	
Basophil %	0.4 %	Lymphocytes (Abs)	1.7 X10E*3	
Monocytes (Abs)	0.3 X10E*3	Basophils (Abs)	0.0 X10E*3	٠.
Eosinophils (Abs)	0.0 X10E*3	Dazobuna (woa)	At \$ per military and property of	
PSA :	0.007 ng/mL		11.	

IMPRESSION:

1- Hx. of prostate carcinoma, prostatectomy in April 2018

2-history of malignant melanoma had excision of the lesion from the lower back. In Feb 2019 and a second lesion from the scalp in May 2019 Johns Hopkins Hospital Baltimore Maryland

Complain of generalize weakness, unintended 25 pounds weight loss over the last 6 months

No suspicious skin lesion, no palpable lymphadenopathy are hepatosplenomegaly. Bilateral good air entry in the lung fields. No spinal tenderness. No focal neurologic deficit

ASSESSMENT AND PLAN:

1-Will get the previous record from Dr. Ryan Cleary regarding his prostate carcinoma

2-to get the previous record from Dr. Manson from Johns Hopkins Hospital in Baltimore Maryland

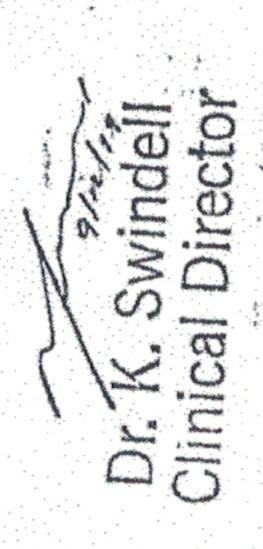
3-check CBC CMP LDH today

4-arrange PET GT scan of whole body Reevaluate after the above workup

Electronically Reviewed By: Shabbir Ahmad Sep 10, 2019 4:21PM

Electronically Reviewed by: Shabbir Ahmad, M.D. on 9/10/2019 16:22:06

Walker (\$100 a 1900) also



Case 2:16-cr-00055-DWA Document 78-16 Filed 12/11/19 Page 4 of 5

UPIVIC HILLMAN CER CER

10 Allman Carea Cooler Ollows hod arealogy

Eteane Alde Shool

M. Slaffei

Patient: Tusha, Simon T

Patient Number: 741884208

Primary Insurance: Fci Seven Corners

Primary Diagnosis: ICD-10 C43.59 (Malignan Primary Diagnosis: ICD-10 C61 (Malignant no

Date of Birth: 11/3/1972

Ordering Provider: Ahmed, Shabbir, M.D.

Ordering Provider NPI: 1982673133

Test Ordered: PET/CT

Additional Order Detalls: Whole Body

Please Fax Results to:

Order Notation:

Date Ordered: 9/10/2019
Date Requested: ASAP

This order electronically signed by Ahmad, Shabbir, M.D. on 9/10/2019 at 12:00:20PM

No. 6118 P. 5

WY90:01 6107 '11 '020

UPNC HILLMAN CANCER CENTER

Altoona Medical Oncology

800 Howard Avenue:

Alloons, Pennsylvania 16801

Phone: (814) 889-2708

Fax: (814) 945-3352

Outpatient Order Sheet

Patient:

Tusha, Simon T

Patient Number:

741884208

Primary Insurance:

Fci Seven Corners

Pol #: 04182-015

Primary Diagnosis:

C43.59 (Malignant melanoma of other part of trunk ICD-10

Primary Diagnosis:

C61 (Malignant neoplasm of prostate ICD-10

Date of Birth:

11/3/1972

Ordering Provider:

Ahmad, Shabbir, M.D.

Ordering Provider NPI:

1982673133

Test Ordered:

Ultrasound

Additional Order Details: <u>Ultrasound Testes</u>

Please Fax Results to:

Order Notation:

Date Ordered:

9/10/2019

ASAP

Date Requested:

This order electronically signed by Ahmad, Shabbir, M.D. on 9/10/2019 at 12:19:47PM